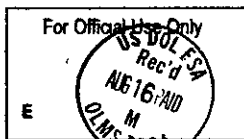


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>9899</b>	2 Fiscal Year Covered From  1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing  Name <b>Stuart A Youngquist</b>  P O Box, Bldg, Room No, if any  Street <b>1502 E 2nd</b>  City <b>Tulsa</b>  State <b>Oklahoma</b> ZIP Code + 4 <b>74120-2214</b>	4 Name, file number, and address of labor organization  Name <b>Intl Union of Elevator Constructors</b>  Labor Organization File Number <b>024-783</b>  P O Box, Building and Room Number, if any  Street <b>1502 E 2nd</b>  City <b>Tulsa</b>  State <b>Oklahoma</b> ZIP Code + 4 <b>74120-9980</b>
5 Position in labor organization <b>Business Rep and Financial Secy</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income  None, to the best of my knowledge and recollection  7 b Amount

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed 	On <b>8-9-04</b> Date	<b>918-587-1662</b> Telephone Number





# NATIONAL ELEVATOR INDUSTRY

## *Educational Program*

Eleven Larsen Way • Attleboro Falls, MA 02763-1068 • (508) 699-2200

Fax: (508) 699-2495

## Memorandum

July 20, 2005

To.           Those required to file an LM-30 Report

Subject.     Reimbursement and expenses received from NEIEP



# NATIONAL ELEVATOR INDUSTRY EDUCATIONAL PROGRAM

Eleven Larsen Way • Attleboro Falls, MA 02763-1068 • 1-800-228-8220

DATE 1-9-04

APPROVED  
DATE JAN 29 2004

TO: James J Higgins, Jr.  
Director NEIEP

NEIEP OK # 16752

AMOUNT 571.66

FROM: STUART A. YOUNGQUIST  
NAME NEIEP #83  
LOCAL UNION NO 83  
ISOE 2nd  
STREET

SOCIAL SECURITY NUMBER

(918) 587-1662

PHONE NUMBER

TULSA OK 74120  
CITY STATE ZIP

(918) 587-1147

FAX NUMBER

Subject: Request for reimbursement or expenses incurred on NEIEP-related business and in accordance with NEIEP's Reimbursement of Expenses Policy Statement.

Dear Sir:

I hereby submit my request for reimbursement of expenses incurred as a result of the NEIEP-related activities described below:

- Dates & Location January ~~5-6~~<sup>6-7</sup>, 2004 Sheraton Cresnet Hotel, Phoenix, AZ
- NEIEP Activity (West Region) Chairman / Co-Chairman Meeting

### 3. Expenses:

- |  |                    |
|--|--------------------|
| A. Fares (Air, Train, Bus, Taxi).....              | \$ <u>459.50</u> ✓ |
| B. Auto Rental & Gas ... ..                        | \$ _____           |
| C. Parking .....                                   | \$ <u>15.00</u> ✓  |
| D. Tolls.....                                      | \$ _____           |
| E. Mileage (_____ miles at <u>.375</u> mile) ..... | \$ _____           |
| F. Lodging.....                                    | \$ _____           |
| G. Meals (including meal tips) .....               | \$ <u>37.16</u> ✓  |
| H. Other (specify).....                            | \$ _____           |

TOTAL: \$ 511.66 ✓

NOTE: Original receipts must be attached.

4. Wages: PROJECT TRAINING  
(circle one)

~~\_\_\_\_\_ hours at \_\_\_\_\_ per hour = \$ \_\_\_\_\_ (gross pay)~~

### FOR OFFICE USE ONLY

MANAGER (signature)

PROJECT C/CMTG

DATE APPROVED 01/16/04

Stuart A. Youngquist  
Signature

1-9-04  
Date



Youngquist, Stuart  
Natl Elevator Indu Educati

Room. 524  
Arrival. 1/6/04  
Departure 1/7/04

Date	Ref	Description	Amount
1/6/04	49952	Food - Indigo	37.16

**Summary of Charges**

	Indigo	Total
1/6/2004	37.16	37.16
Total	37.16	37.16



	<u>37.16</u>	
Payment Applied	-37.16	VM XXXXXXXX242196
Total Due:	<u><u>0.00</u></u>	

Club Account on File:

Charges above are accurate as of 1:04 13AM

Charges incurred after 1:04.13AM will be added to your account.



A A  
CAB



A A A

Transportation

(602) 437-4000

A A  
LIMO



Date 1-6-04 Time \_\_\_\_\_

Vehicle# \_\_\_\_\_ Amount 40<sup>00</sup>

From \_\_\_\_\_ To \_\_\_\_\_

Driver Name \_\_\_\_\_

**FINE**

Airport Parking



9-0069  
14:29

3657-170012900/015587  
01/06/04 Mid Entry  
Car Park Outdoor

N 13.821 1.18  
\$ 15.00 03  
01707704 21:47



817505

1-7-04 Taxi fare  
Hotel Sheraton & airport  
Phoenix Az  
\$ 30<sup>00</sup> Lost receipt

**stuart youngquist**

**From:** DeAnna Raymond <deannar@sbcglobal.net>  
**To:** <iuec-local83@worldnet.att.net>  
**Sent:** Thursday, January 08, 2004 3:34 PM  
**Subject:** Emailing eInvoicePrint

**WORLDTRAVEL****WORLD TRAVEL SERVICE**

PHONE. 918-743-8856 800-324-4987  
 AN UNCOMPROMISING COMMITMENT TO TRAVEL  
E-MAIL WORLD TRAVEL SERVICE

**Electronic Invoice**
 [Print this page](#) | [Close window](#) | [Help](#)

Salesperson: 62      Invoice number: 0735487      Date: 18DEC2003  
 For YOUNGQUIST/STUART      Record locator: CRAYJW      Customer number: 9184373772

MR STUART YOUNGQUIST  
 240 S 120TH E AVE  
 TULSA OK 74128

Notes: \*\*\*SOUTHWEST CONFIRMATION HBX642\*\*\*  
 SOUTHWEST RECORD LOCATOR HBX642

**Tue, Jan 6**

**Other**      TULSA  
              SOUTHWEST TICKETLESS  
              ZWN 2778647598  
              Billed to VI XXXXXXXXXXXX 2195      \*364.50

**Tue, Jan 6**

**Air**      SOUTHWEST AIRLINES      Flight #: 206      Economy  
              From: TULSA, OK      0420P  
              To: PHOENIX, AZ      0600P      2Hr 40Min  
              Arrival Terminal: 4      Non Stop  
              Equipment: BOEING 737-300 JET

**Wed, Jan 7**

**Air**      SOUTHWEST AIRLINES      Flight #: 504      Economy  
              From: PHOENIX, AZ      0630P  
              Departure Terminal: 4      2Hr 15Min  
              To: TULSA, OK      0945P      Non Stop  
              Equipment: BOEING 737-300 JET

**Wed, Jan 7**

Other TULSA  
TRAVEL SERVICE FEE 25 00

Sun, Mar 7

Other TULSA  
THANK YOU

Air ticket XD8132801869

Billed to VI XXXXXXXXXXXX 2195

\*25.00

Subtotal	389 50
Net credit card billing	*389 50
Total amount due	0 00

AIRLINE RULE CHANGE - NON-REFUNDABLE TICKETS ARE NOW  
VALID FOR ONE YEAR FROM DATE OF ISSUE. MOST CARRIERS  
REQUIRE THE RESERVATION IS CANCELLED PRIOR TO  
SCHEDULED DEPARTURE STAND-BY TRAVEL MAY BE ALLOWED  
A 100 00 AIRLINE SERVICE FEE.  
AIRLINE AND AGENCY REISSUE FEES WILL APPLY

IF YOU HAVE PURCHASED A REFUNDABLE TICKET, PLEASE  
DISREGARD THIS RULE CHANGE.

OFFICE HOURS 730AM - 630PM CST MON-FRI  
AFTERHOURS EMERGENCY HOTLINE 888-881-5274 CODE SH3W0  
EMERGENCY HOTLINE OUTSIDE US CALL COLLECT 818-875-4313  
\*\*\* THIS IS A SPECAIL NON REFUNDABLE FARE TICKET \*\*\*  
TOTAL FOR THIS ITINERARY IS 389 50 PER PERSON AND REQUIRES  
A 14 DAY ADVANCE PURCHASE. NO FARE IS GUARANTEED  
AND FLTS AND FARES SUBJ TO AVAIL AT TIME OF PURCHASE

\*\*\*\*\* ELECTRONIC TICKETING \*\*\*\*\*  
\*YOU WILL NEED TO PRESENT PHOTO ID AT CHECK IN  
\*BOARDING PASSES WILL BE ISSUED UPON CHECK IN  
\* PLEASE NOTIFY US TODAY OF ANY DISCREPANCIES  
\* IN THE ABOVE ITINERARY \*\*\*\*\*

Your travel arranger provides the information contained in this document to you Sabre®  
Virtually There® is not responsible for the content of this document. Please contact your  
travel arranger should you have any questions

Copyright and Trademark Notices

Sabre  
virtually  
there



**National Elevator Industry Educational Program**  
**DOL Form LM-30/Form LM-10 Info**  
**For the Calendar Year 2004**

7/18/2005

Recipient of Benefit	Event	Event Dates	Place of Event	Date of AMEX Charge	Payee	Type of Benefit Provided	Value of Benefit Provided 2004
Youngquist, Stuart A	Chairmen/Co-Chairmen Meeting	1/6-1/7/2004	Phoenix, AZ	1/23/2004	Sheraton Hotels	Lodging & Meals	278.34



# NATIONAL ELEVATOR INDUSTRY

## *Educational Program*

6320 Manchester Avenue, Suite 44B • Kansas City, MO 64133  
(816) 743-9040 • (816) 204-4142 • Fax: (816) 743-9030

July 13, 2005

Stu Youngquist  
Business Representative  
Local 83 Tulsa, OK.

Stu

In accordance with the new labor organization officer and employee report (LM-30)  
I'm showing on the dates listed below that I spent more than the Department of Labor has  
allowed. The amount of \$25 00 per person per meal is at best a modest amount but must  
be shown on your LM-30 report.

7/07/04 Polo Grill Stu Youngquist and Tim Daly \$68 72 each total of \$137.44

Thank you,

Tim Daly  
N.E.I.E.P.  
Area Coordinator